CT HMIS
Measuring Success

CT HMIS
TLP/SHP/S+C
User Manual for CaseWorthy

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OVERVIEW

This guide provides a walkthrough on how to properly enroll an **Emergency Shelter** client/household into the **CaseWorthy** system. Using the Copy Feature, Completing the Exit Enrollment Workflow, Enrolling clients into bedlists as well as checking them in are also covered. Not all possible scenarios are included and not all sections are provided with step-by-step instructions. All fields with a red asterisk (*) are **REQUIRED** fields and must be answered before you can move on to the next screen.

GETTING CT HMIS HELP AND TRAINING

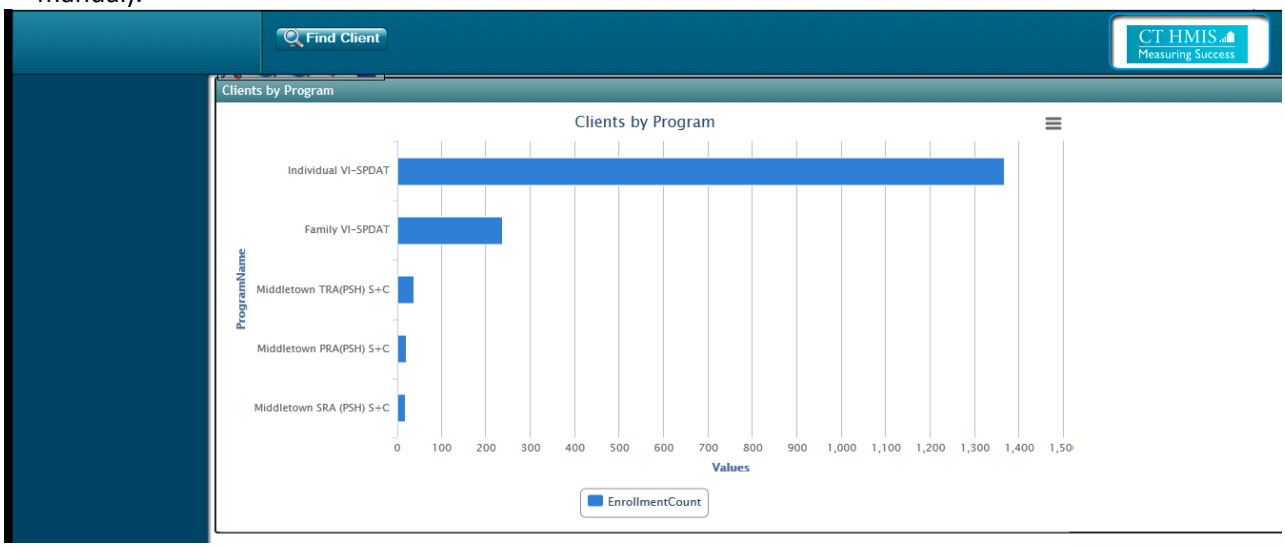
Technical support is available from our Help Desk via a variety of methods for any questions regarding either the CaseWorthy software or with Policy and Procedure standards.

- Email: hmis@nutmegit.com
- Online request form: http://www.nutmeghelp.com/
- Online Resources and Information: http://www.cthmis.com/ & HMIS FAQ

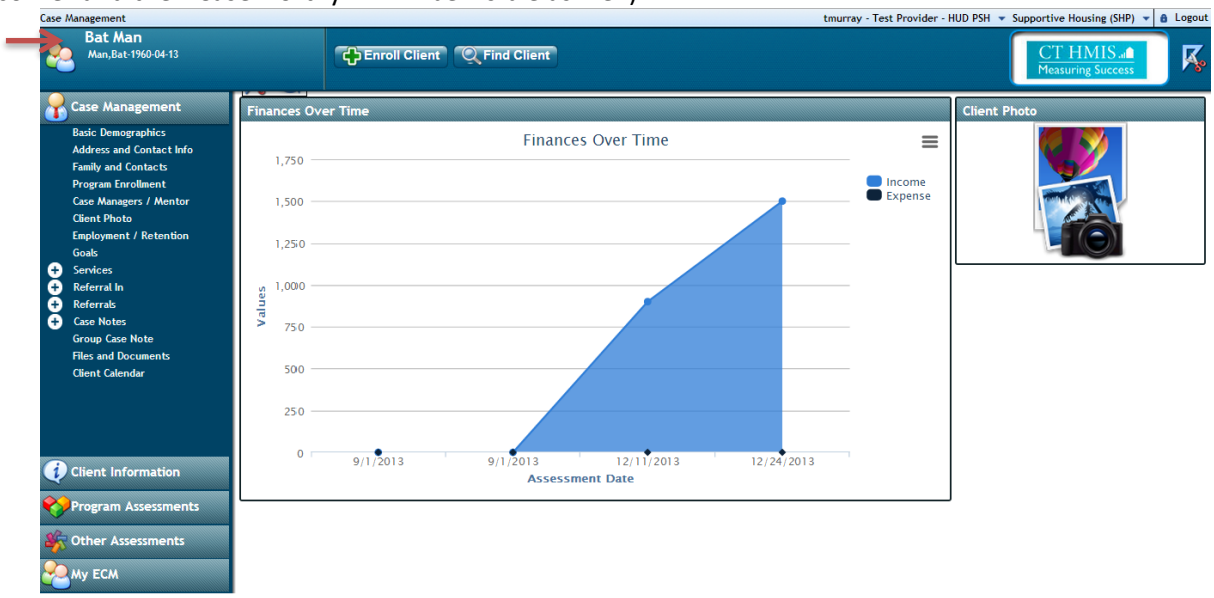
LOGGING IN TO CASEWORTHY

1. Access the Live CT HMIS site by going to https://ecm.cthmis.com/cceh.ecm
2. Enter your Username and Password. If you forget your password, simply click the **Forgot Password** link and follow the prompts.

3. You will be brought to the CaseWorthy homepage. If this is your very first time logging in, your screen will not have any of the left menu items loaded (see screenshot below). You must use to the find client feature to search for a Client before you can proceed (view steps in *How to search for a client* in this manual).



4. After loading a client, your screen will populate with the selected clients record and the left menu options. (Please note that the last client you were working on/viewing will always be visible in the top left corner and their CaseWorthy ID will be visible as well).



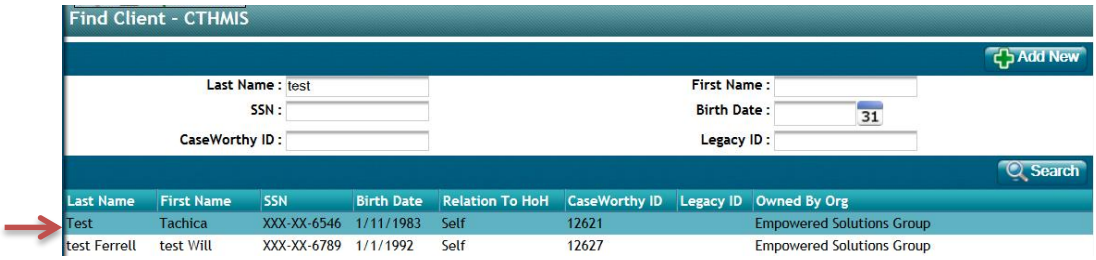
CHANGING YOUR **ROLE** AND/OR **PROVIDER** IN CASEWORTHY

1. Click on the **Provider** (In the example above it is the: *Test Provider-Emergency Shelter*) for which you will be entering data.
2. Click on the **Role** (*Emergency Shelter (ES) example role in above screenshot*). This option is only available if you are assigned more than one Role. (**NOTE**: Click on the words, not the arrow icon).
   a. You will need to complete these steps **each time** you need to enter data as a different ***Provider*** and/or ***Role***.

HOW TO SEARCH FOR A CLIENT

1. Click on the **Find Client** Button

2. Type in the client's **CaseWorthy ID number (this is the same number used in the Coordinated Access Network referral).** You can also search by the other fields listed, but the CaseWorthy ID is recommended.
3. Click the **Search** button.



4. Review the list of possible matches carefully. ***Click on their name*** to load the record.

HOW TO ENROLL A CLIENT INTO A PROGRAM

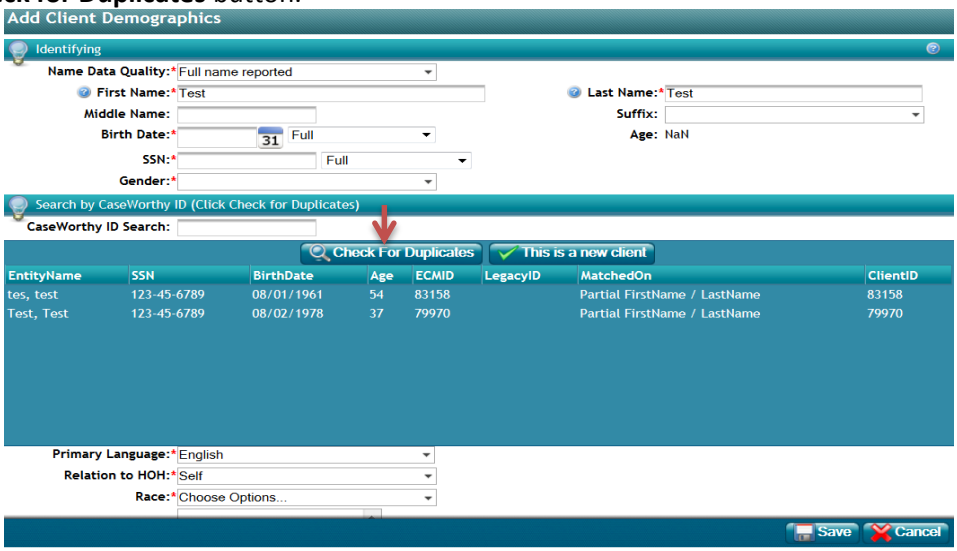
1. Click the **Enroll Client** button.

2. Choose the appropriate **PROGRAM** from the list. In the example below, you would click on the "**Enroll Supportive Housing Client**." ***What you see here should match your Role. If your Role is Transitional Living you will see Enroll Transitional Living Client.***

3. This will begin the **Enroll Client** workflow (which opens in a new window).
4. All fields with a red asterisk (*) are **REQUIRED** fields and must be answered before you can move on to the next screen in this workflow.

COMPLETING THE **ADD CLIENT DEMOGRAPHICS** FORM IN THE ENROLL CLIENT WORKFLOW

1. Search for the client by entering their **CaseWorthy ID (this is the same number used in the Coordinated Access Network referral). You can also search by Name/SSN/DOB.**
2. Click the **Check for Duplicates** button.

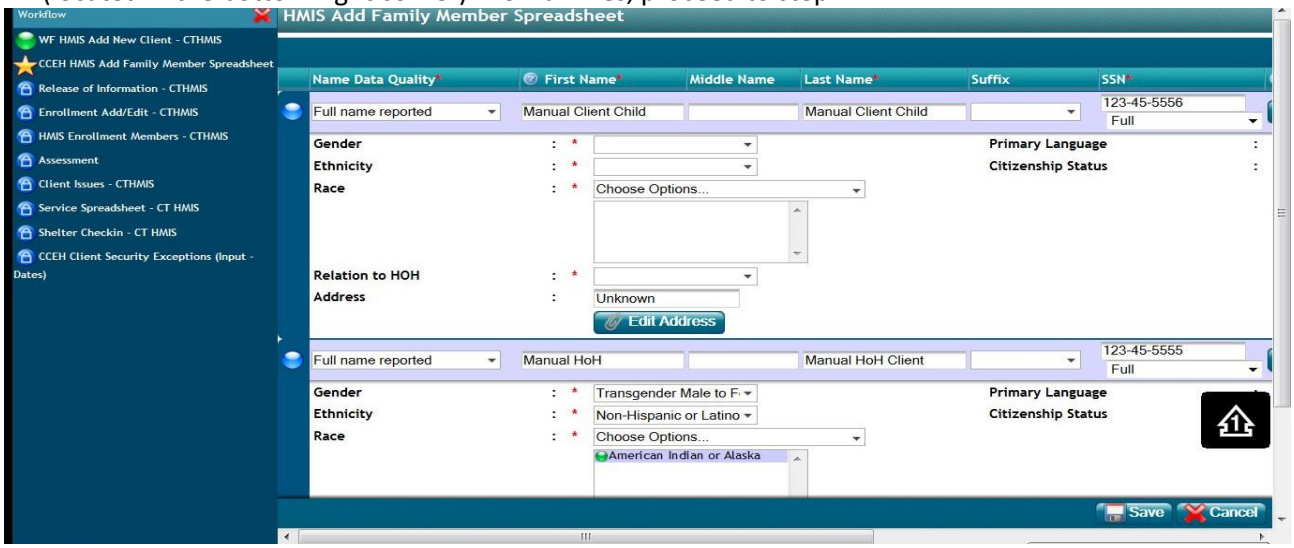


3. If your client is listed, **click on their <u>name</u> and *document their ID***. The client's **Basic Demographic** information will populate.
4. If the client is <u>not</u> listed, client on the **This is a new client** button

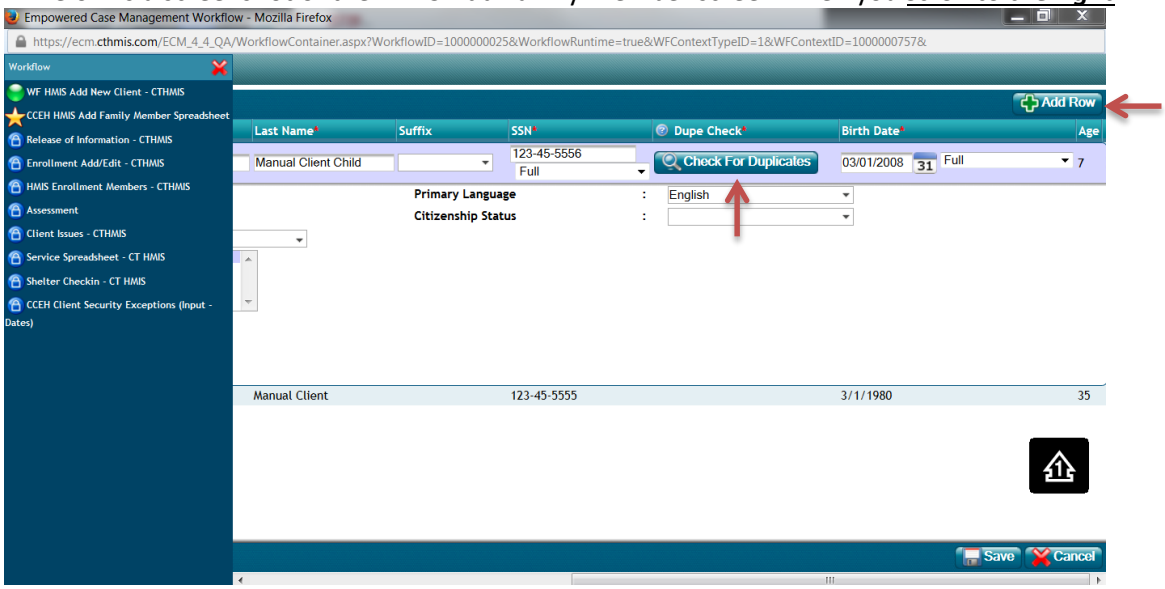
.
5. For new client's, complete all of the required fields (indicated by the red asterisk).
6. Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE **ADD FAMILY MEMBER SPREADSHEET** FORM – AT ENTRY

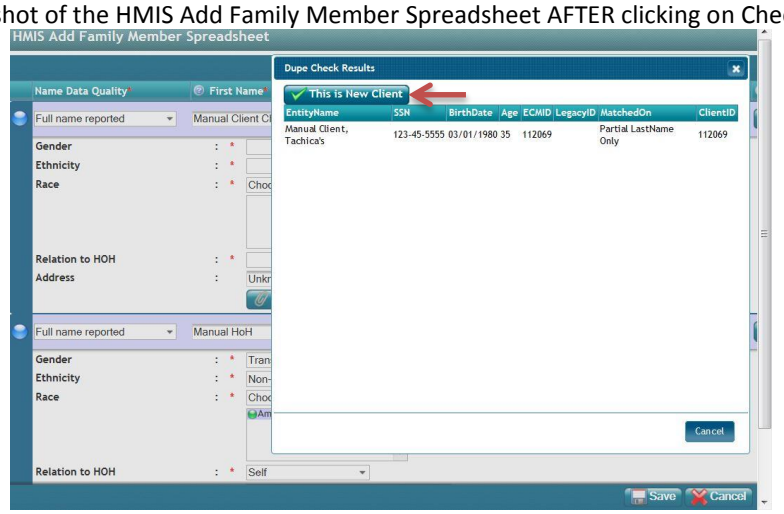
1. If enrolling a single person (without family members), simply click **Save** to proceed to the next page (located in the bottom right corner). For families, proceed to step 2.



Below is a screenshot of the HMIS Add Family Member screen when you ***scroll to the right.***

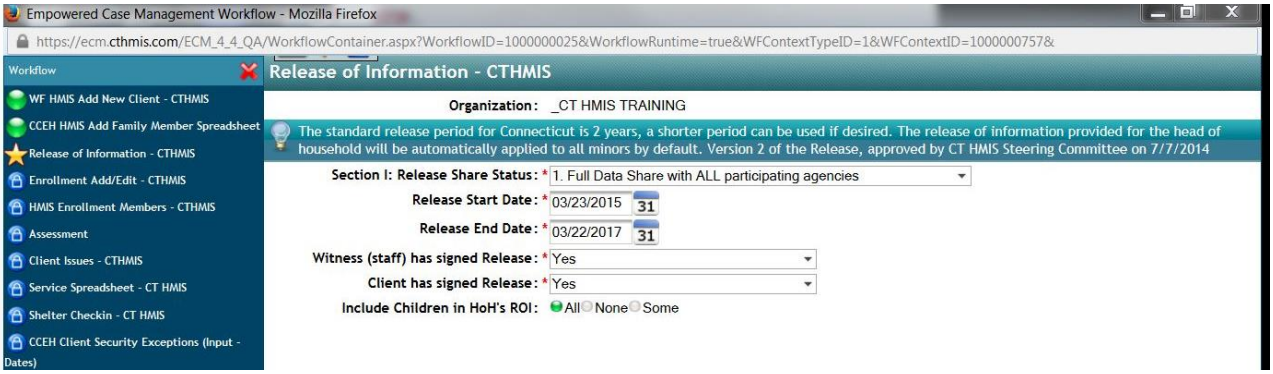


***Below is a screenshot of the HMIS Add Family Member Spreadsheet AFTER clicking on Check for Duplicates. ***



2. If enrolling a family, complete the following steps:
   a. Click **Add Row** to enter additional family members (do this for each family member you need to add). Add all family members ***BEFORE*** clicking the Save button!!
   b. **Check for Duplicates** is required (*) for each additional family member. If no matches are found, you **must** click the "**This is a new client"** button to proceed.
3. Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE **RELEASE OF INFORMATION** FORM – AT ENTRY


Empowered Case Management Workflow - Mozilla Firefox
https://ecm.cthmis.com/ECM_4_4_QA/WorkflowContainer.aspx?WorkflowID=1000000025&WorkflowRuntime=true&WFContextTypeID=1&WFContextID=1000000757&
Workflow
WF HMIS Add New Client - CTHMIS
CCEH HMIS Add Family Member Spreadsheet
Release of Information - CTHMIS
Enrollment Add/Edit - CTHMIS
HMIS Enrollment Members - CTHMIS
Assessment
Client Issues - CTHMIS
Service Spreadsheet - CT HMIS
Shelter Checkin - CT HMIS
CCEH Client Security Exceptions (Input - Dates)
Release of Information - CTHMIS
Organization: _CT HMIS TRAINING
The standard release period for Connecticut is 2 years, a shorter period can be used if desired. The release of information provided for the head of household will be automatically applied to all minors by default. Version 2 of the Release, approved by CT HMIS Steering Committee on 7/7/2014
Section I: Release Share Status: * 1. Full Data Share with ALL participating agencies
Release Start Date: * 03/23/2015
Release End Date: * 03/22/2017
Witness (staff) has signed Release: * Yes
Client has signed Release: * Yes
Include Children in HoH's ROI: All None Some

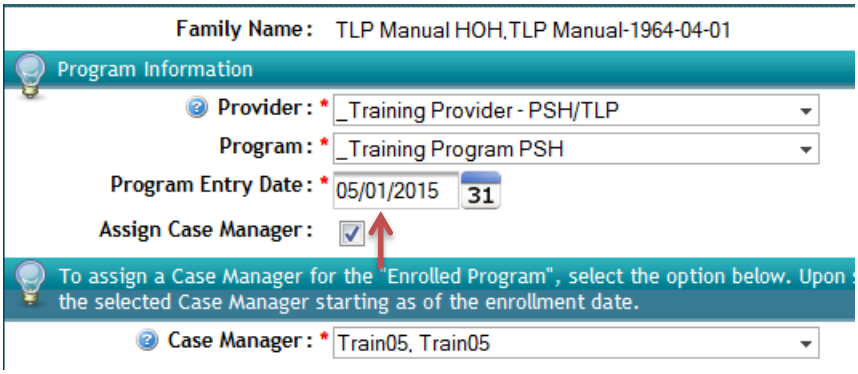
1. Enter the **Section I: Release Share Status** designated by the client.
2. Enter the **Release Start Date** and the **Release End Date**
   - **NOTE**: The standard release period for CT is 2 years.
3. Choose "**Yes**" or "**No**" for:
   - Witness (case manager/staff) has signed Release.
   - Client has signed Release.
4. Click **Save** to proceed to the next page (located in the bottom right corner).

CCEH CLIENT SECURITY EXCEPTIONS FORM – AT ENTRY

This screen will *only* appear if the *Section I Release Share status* is an option that ***includes exceptions***. If the client Refused or agreed to a Full data share, this screen will not appear.

1. Enter the **Start and End dates** for the ROI.
2. Click on the **bubble** next to an agency to select it (it will turn **blue**).
3. Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE PROGRAM **ENROLLMENT ADD FORM** – AT ENTRY

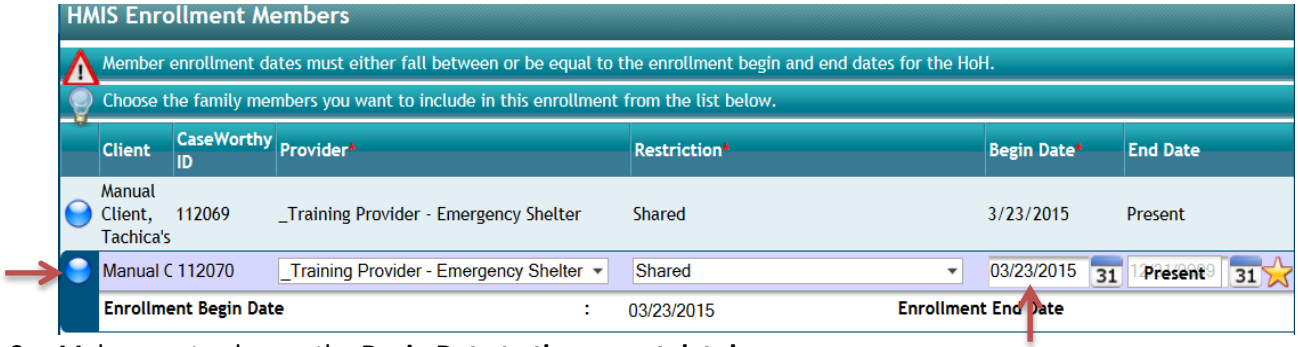

Family Name: TLP Manual HOH,TLP Manual-1964-04-01
Program Information
Provider: * _Training Provider - PSH/TLP
Program: * _Training Program PSH
Program Entry Date: * 05/01/2015
Assign Case Manager:
To assign a Case Manager for the "Enrolled Program", select the option below. Upon
the selected Case Manager starting as of the enrollment date.
Case Manager: * Train05, Train05

1. Enter the client/family's **Program Entry Date**. This is the Admission/Start date for your program.
2. Select the **program** that client/family is being enrolled into.
3. You can also click on the **Assign Case Manager** box to view the list of Case Managers assigned to your agency in CaseWorthy.
4. Click **Save** to proceed to the next page (located in the bottom right corner).

HMIS ENROLLMENT MEMBERS (FAMILY MEMBER PROGRAM ENROLLMENT) FORM – AT ENTRY

*If enrolling a Single person (not in a family) simply click **Save** to proceed to the next page.*

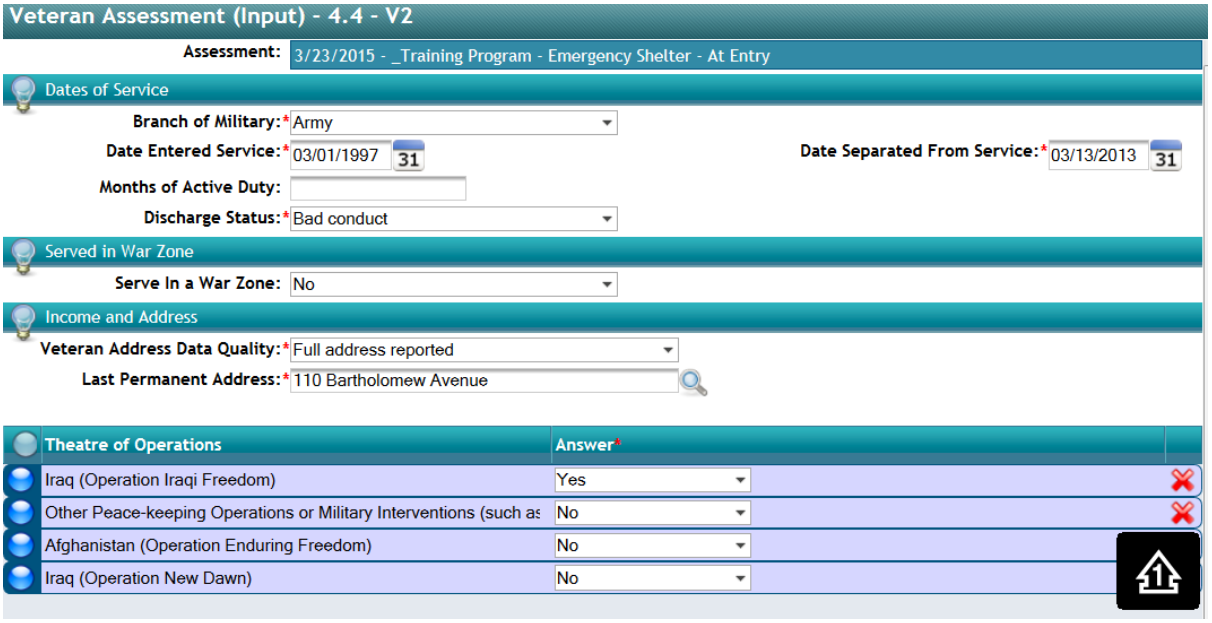
1. Click the bubble next to family member's names to include them in the program enrollment and the rest of this workflow. Their bubbles will turn blue.



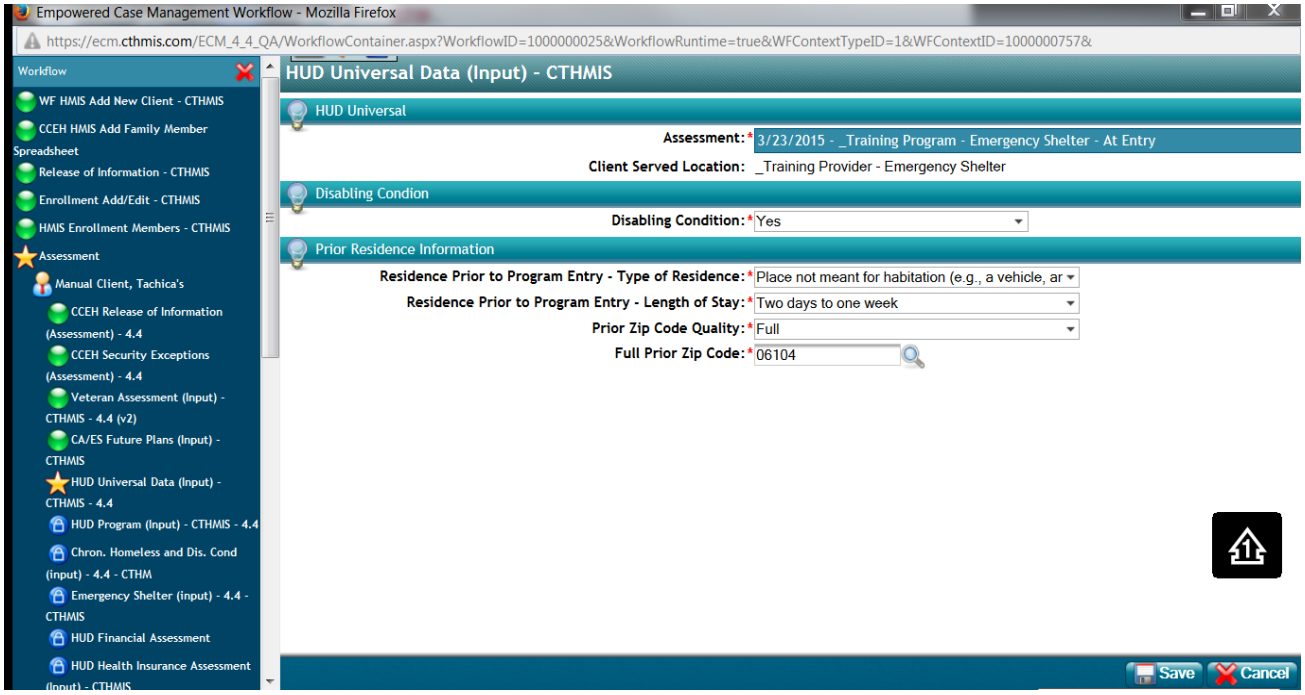
2. Make sure to change the **Begin Date to the correct date!**
3. Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE **VETERAN ASSESSMENT – AT ENTRY**

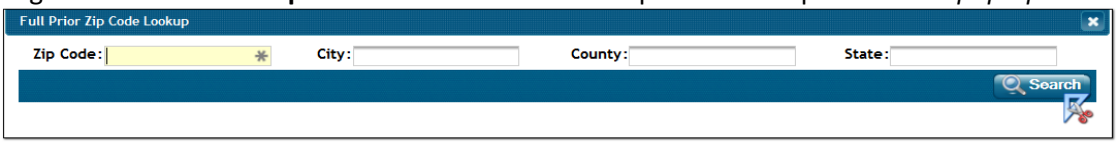
This assessment will only appear if Vet Status is Yes (located on the Basic Demographics/Add Client page). If the client you are enrolling has assessments in HMIS, you will see an option to copy all assessment data. Please refer to the table of contents in this manual to get the steps to use the copy feature.


Veteran Assessment (Input) - 4.4 - V2
Assessment: 3/23/2015 - _Training Program - Emergency Shelter - At Entry
Dates of Service
Branch of Military: Army
Date Entered Service: 03/01/1997
Date Separated From Service: 03/13/2013
Months of Active Duty:
Discharge Status: Bad conduct
Served in War Zone
Serve In a War Zone: No
Income and Address
Veteran Address Data Quality: Full address reported
Last Permanent Address: 110 Bartholomew Avenue
Theatre of Operations
Answer
Iraq (Operation Iraqi Freedom) Yes
Other Peace-keeping Operations or Military Interventions (such as No
Afghanistan (Operation Enduring Freedom) No
Iraq (Operation New Dawn) No

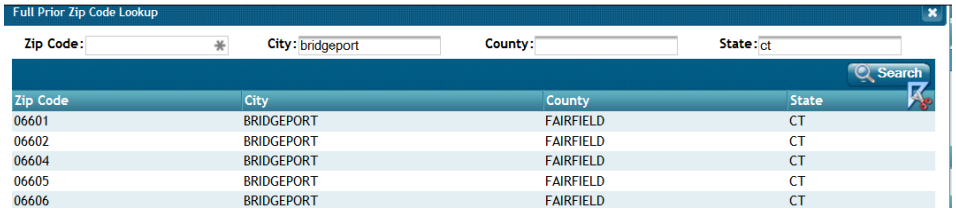
1. All data elements except for **Months of Active Duty** and **Served in War Zone** are required.
2. The **Theatre of Operations** list is populated by the Date Entered Service and Date Separated Service.
3. **Veteran Address Data Quality** will show an additional field of **Last Permanent Address** if answered with Full address reported.
4. Click on the magnifying glass to enter the **Last Permanent Address.** If Unknown, you can choose it from the list. If the client provides it, you will need to click Add New and enter the new address.
5. Once all required fields are complete click **Save** in the bottom right corner.


Empowered Case Management Workflow - Mozilla Firefox
https://ecm.cthmis.com/ECM_4_4_QA/WorkflowContainer.aspx?WorkflowID=1000000025&WorkflowRuntime=true&WFContextTypeID=1&WFContextID=1000000757&
Workflow
WF HMIS Add New Client - CTHMIS
CCEH HMIS Add Family Member Spreadsheet
Release of Information - CTHMIS
Enrollment Add/Edit - CTHMIS
HMIS Enrollment Members - CTHMIS
Assessment
Manual Client, Tachica's
CCEH Release of Information (Assessment) - 4.4
CCEH Security Exceptions (Assessment) - 4.4
Veteran Assessment (Input) - CTHMIS - 4.4 (v2)
CA/ES Future Plans (Input) - CTHMIS
HUD Universal Data (Input) - CTHMIS - 4.4
HUD Program (Input) - CTHMIS - 4.4
Chron. Homeless and Dis. Cond (input) - 4.4 - CTHM
Emergency Shelter (input) - 4.4 - CTHMIS
HUD Financial Assessment
HUD Health Insurance Assessment (Input) - CTHMIS
HUD Universal Data (Input) - CTHMIS
HUD Universal
Assessment: * 3/23/2015 - _Training Program - Emergency Shelter - At Entry
Client Served Location: _Training Provider - Emergency Shelter
Disabling Condion
Disabling Condition: * Yes
Prior Residence Information
Residence Prior to Program Entry - Type of Residence: * Place not meant for habitation (e.g., a vehicle, ar
Residence Prior to Program Entry - Length of Stay: * Two days to one week
Prior Zip Code Quality: * Full
Full Prior Zip Code: * 06104
Save
Cancel

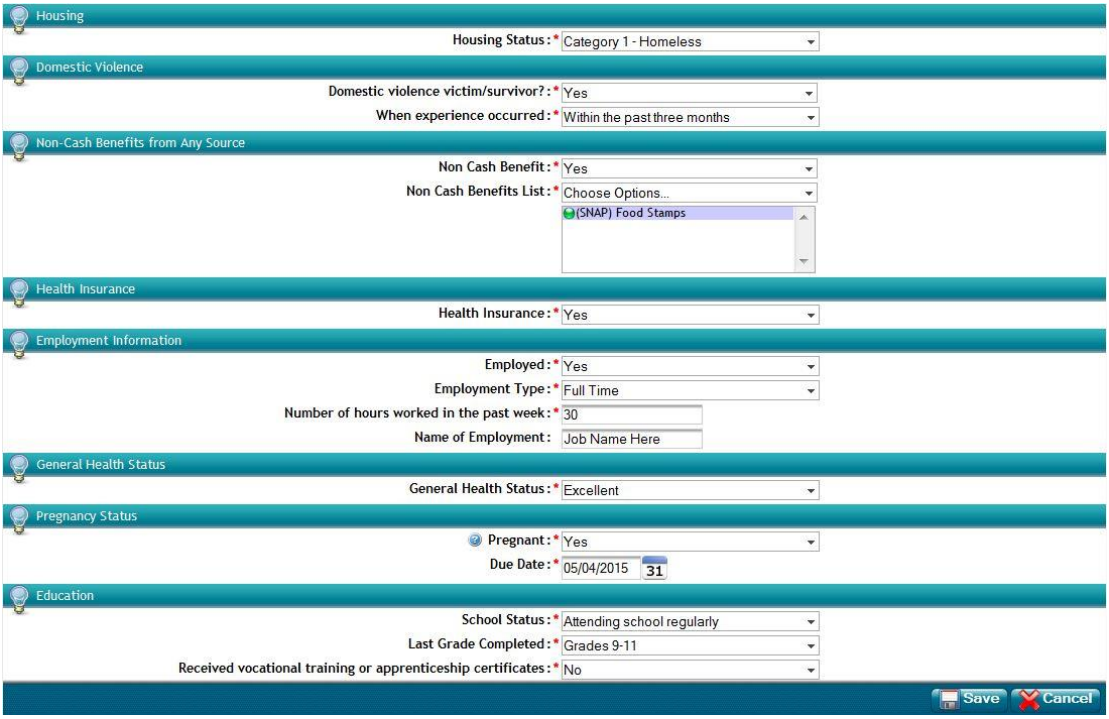
1. Answer the **Disabling Condition** question. Please note that this question will re-appear with the answer you enter here, on the Chronically Homeless/Disabling Condition assessment later in the workflow.
2. Enter the **Prior Residence Information**
3. When selecting *FULL* for **Prior Zip Code Quality**, the **Full Prior Zip Code** field will appear.
4. Clicking into the **Full Prior Zip Code** field will launch the Zip Code Lookup screen in a *pop-up window*.



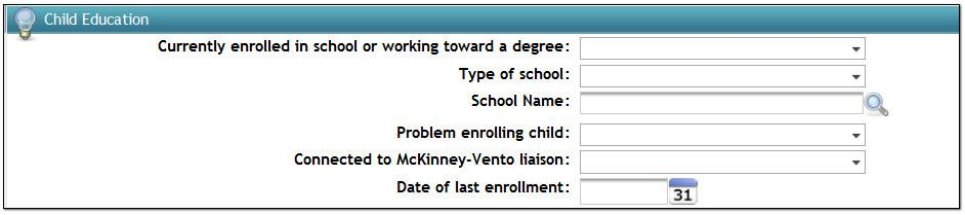
5. In the **Full Prior Zip Code Lookup** screen, you can enter the zip code (if you know it), or simply search by **City** and **State**. It is not necessary to search by "County" if you know the city and state.
6. Click **Search** and choose from the list of options (**NOTE:** If there's only one applicable zip code, it will simply populate it in the Full Prior Zip Code field on the previous page).



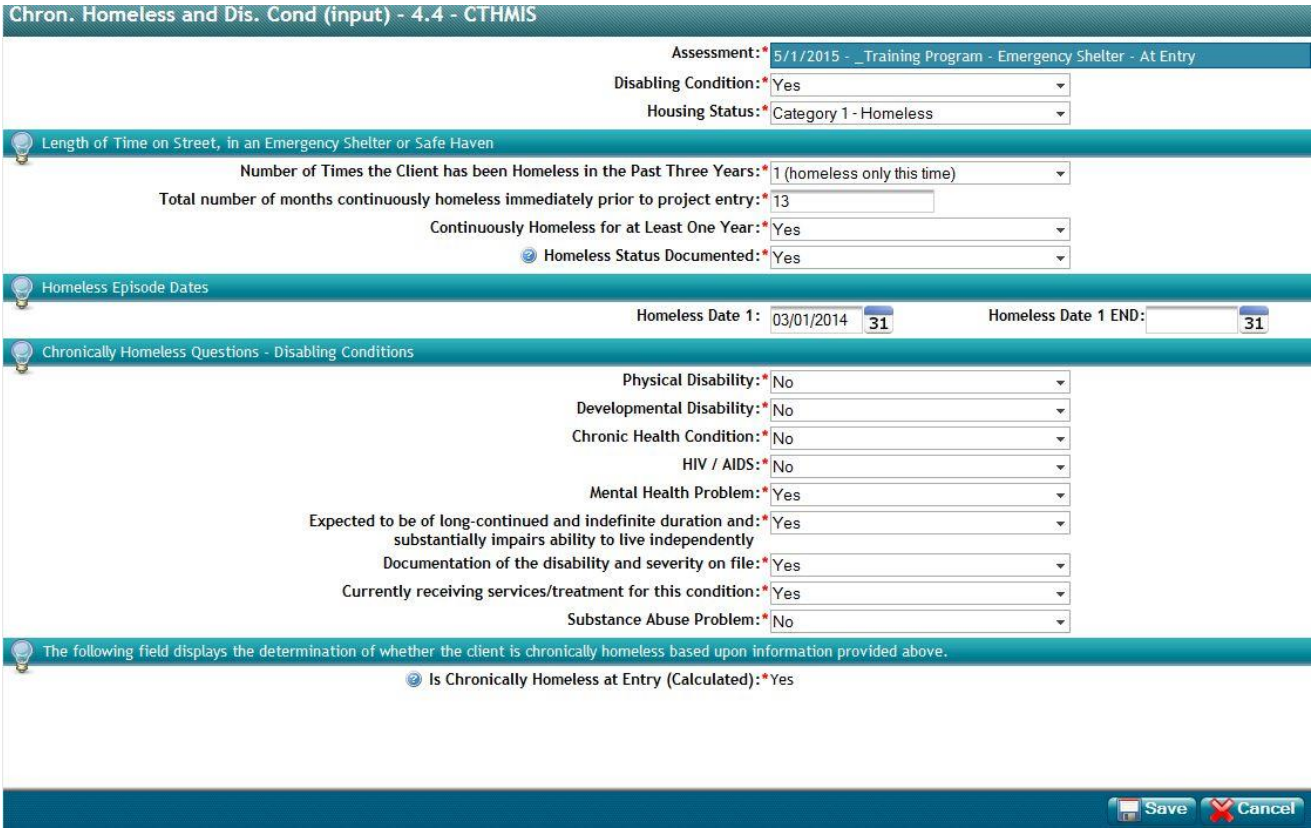
7. Click **Save** to proceed to the next page (located in the bottom right corner).


Housing
Housing Status: * Category 1 - Homeless
Domestic Violence
Domestic violence victim/survivor?: * Yes
When experience occurred: * Within the past three months
Non-Cash Benefits from Any Source
Non Cash Benefit: * Yes
Non Cash Benefits List: * Choose Options...
(SNAP) Food Stamps
Health Insurance
Health Insurance: * Yes
Employment Information
Employed: * Yes
Employment Type: * Full Time
Number of hours worked in the past week: * 30
Name of Employment: Job Name Here
General Health Status
General Health Status: * Excellent
Pregnancy Status
Pregnant: * Yes
Due Date: * 05/04/2015
Education
School Status: * Attending school regularly
Last Grade Completed: * Grades 9-11
Received vocational training or apprenticeship certificates: * No
Save
Cancel

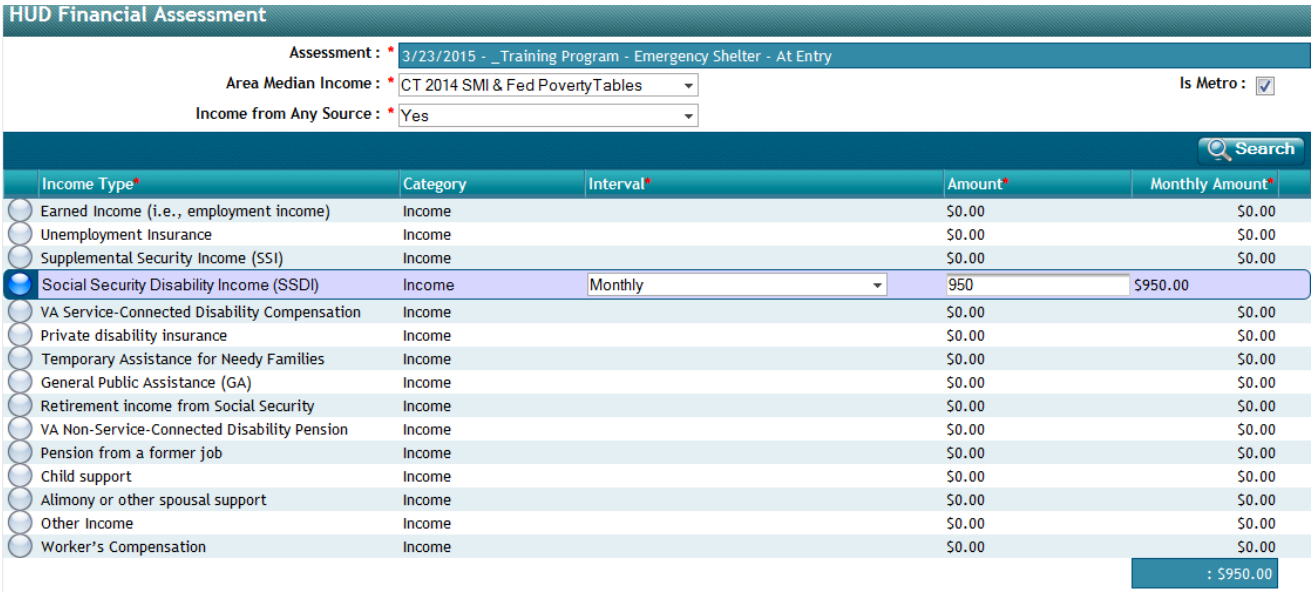
1. The questions that you see on this page will vary based on the answers a client provides, which may trigger follow up questions. Example: When you answer YES to the **Domestic Violence** question, the **When experience occurred** question will appear. If you answer No to the DV question, there is not an additional question to answer.
2. If you answer YES to the **Non-Cash Benefits** question, the **Non Cash Benefits List** field will appear. You must click on **choose options** to view the list. Click the boxes of the applicable Non Cash Benefit the person has. This list will allow multiple selections if a person has more than one. If you select one accidentally, you can simply click on it to remove it from the list. You must click **Add Selected** after checking the box of the applicable benefit.
3. Answering YES to the **Health Insurance** question will allow the *Health Insurance Assessment* to show later in the workflow. This assessment will *not* appear if the answer to this question is NO.
4. Answering YES to the **Employed** question will display the **Employment Type/Number of hours worked in the past week/Name of Employment** questions.
    - If you answer NO to the **Employed** question, an additional question of **Why Not Employed** will appear.
5. Answer the **General Health Status** question.
6. The **Pregnancy Status** field will only appear for Female clients. If answered YES, the **Due Date** field is required.
7. The Education questions for an *adult* are **School Status/Last Grade Completed/Received Vocational training or apprenticeship certificates.**
    - If you are enrolling any children with the family, you will see an additional section: **Child Education** (see screenshot below) when you start entering data for that child in the workflow.



8. Click **Save** to proceed to the next page (located in the bottom right corner).


Chron. Homeless and Dis. Cond (input) - 4.4 - CTHMIS
Assessment:* 5/1/2015 - _Training Program - Emergency Shelter - At Entry
Disabling Condition:* Yes
Housing Status:* Category 1 - Homeless
Length of Time on Street, in an Emergency Shelter or Safe Haven
Number of Times the Client has been Homeless in the Past Three Years:* 1 (homeless only this time)
Total number of months continuously homeless immediately prior to project entry:* 13
Continuously Homeless for at Least One Year:* Yes
Homeless Status Documented:* Yes
Homeless Episode Dates
Homeless Date 1: 03/01/2014
Homeless Date 1 END:
Chronically Homeless Questions - Disabling Conditions
Physical Disability:* No
Developmental Disability:* No
Chronic Health Condition:* No
HIV / AIDS:* No
Mental Health Problem:* Yes
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:* Yes
Documentation of the disability and severity on file:* Yes
Currently receiving services/treatment for this condition:* Yes
Substance Abuse Problem:* No
The following field displays the determination of whether the client is chronically homeless based upon information provided above.
Is Chronically Homeless at Entry (Calculated):* Yes
Save
Cancel

1. Most of the questions in this section are included in the formula used to calculated whether or not the Head of Household/Adult is chronically homeless.
2. If the answer to the **Number of Times the Client has been Homeless in the Past Three Years** question is **4 or more**, the **Total number of months homeless in the Past Three Years** question is displayed/required.
    a. If the answer to the **Number of Times the Client has been Homeless in the Past Three Years** question is anything *less than* 4 or more, the **Total number of months homeless in the Past Three Years** question is not displayed.
3. Enter a numeric value for the **Total number of months continuously homeless immediate prior to project entry.**
4. The **Homeless Episode Dates** fields will display the number of episodes indicated in the **Number of Times the Client has been Homeless in the Past Three Years** question. The dates are not required, but you should enter them if a person has supplied the dates.
5. The Disabling Conditions questions will display additional questions if answered YES.
    a. The answer to the **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently** question is used in the formula that calculates whether or not a person is Chronically Homeless.
6. The Chronically Homeless status is displayed at the bottom of the screen and is only calculated *at Entry for all Heads of Households and Adults*. **You can click on the blue question mark to get more information about how CH status is calculated**.
7. Click **Save** to proceed to the next page (located in the bottom right corner).



HUD Financial Assessment

Assessment : * 3/23/2015 - _Training Program - Emergency Shelter - At Entry

Area Median Income : * CT 2014 SMI & Fed PovertyTables Is Metro : ☑

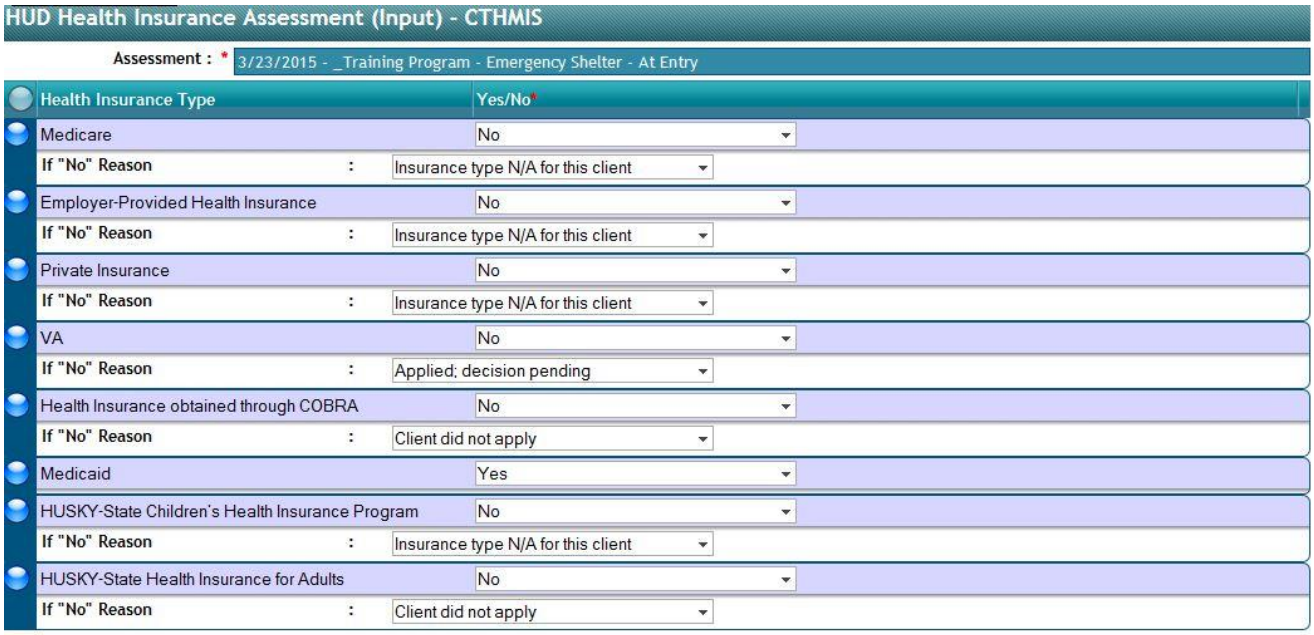
Income from Any Source : * Yes

Search

	Income Type*	Category	Interval*	Amount*	Monthly Amount*
○	Earned Income (i.e., employment income)	Income		$0.00	$0.00
○	Unemployment Insurance	Income		$0.00	$0.00
○	Supplemental Security Income (SSI)	Income		$0.00	$0.00
●	Social Security Disability Income (SSDI)	Income	Monthly	950	$950.00
○	VA Service-Connected Disability Compensation	Income		$0.00	$0.00
○	Private disability insurance	Income		$0.00	$0.00
○	Temporary Assistance for Needy Families	Income		$0.00	$0.00
○	General Public Assistance (GA)	Income		$0.00	$0.00
○	Retirement income from Social Security	Income		$0.00	$0.00
○	VA Non-Service-Connected Disability Pension	Income		$0.00	$0.00
○	Pension from a former job	Income		$0.00	$0.00
○	Child support	Income		$0.00	$0.00
○	Alimony or other spousal support	Income		$0.00	$0.00
○	Other Income	Income		$0.00	$0.00
○	Worker's Compensation	Income		$0.00	$0.00
					: $950.00

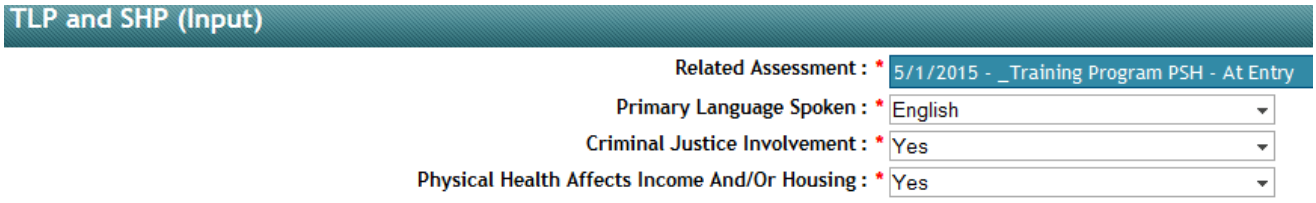
1. Choose an option for **Area Median Income**. If entering a new client, choose **CT 2014 SMI & Fed Poverty Tables**. For clients that entered prior to 2014, you can choose the **United States 2012** option.
2. Answer the **Income from Any Source** question.
    a. If **Yes** than choose an **Income Type** from the list and follow the steps (3-5) below.
    b. If they have no income, answer **No** and click on the **Save No Income** button (bottom right corner).
3. Choose an **Income Type** from the list by clicking on the bubble next to the correct type. Multiple Income Types can be chosen from the list.
4. Choose the **Interval** (Daily/Weekly/Monthly etc.)
5. Enter the **Amount.**
6. Click **Save** to proceed to the next assessment.

COMPLETING THE HUD HEALTH INSURANCE ASSESSMENT – AT ENTRY


HUD Health Insurance Assessment (Input) - CTHMIS
Assessment : * 3/23/2015 - _Training Program - Emergency Shelter - At Entry
Health Insurance Type
Yes/No*
Medicare
No
If "No" Reason : Insurance type N/A for this client
Employer-Provided Health Insurance
No
If "No" Reason : Insurance type N/A for this client
Private Insurance
No
If "No" Reason : Insurance type N/A for this client
VA
No
If "No" Reason : Applied; decision pending
Health Insurance obtained through COBRA
No
If "No" Reason : Client did not apply
Medicaid
Yes
HUSKY-State Children's Health Insurance Program
No
If "No" Reason : Insurance type N/A for this client
HUSKY-State Health Insurance for Adults
No
If "No" Reason : Client did not apply

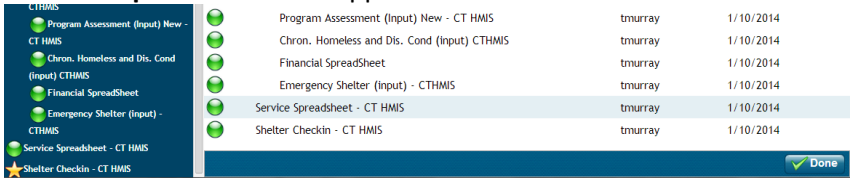
1. A **Yes** or **No** answer is required for all of the **Health Insurance Types** listed.
    a. The **If "No" Reason** question is not required, but you should enter it if the person supplied the information.

COMPLETING THE TLP AND SHP ASSESSMENT - AT ENTRY


TLP and SHP (Input)
Related Assessment : * 5/1/2015 - _Training Program PSH - At Entry
Primary Language Spoken : * English
Criminal Justice Involvement : * Yes
Physical Health Affects Income And/Or Housing : * Yes

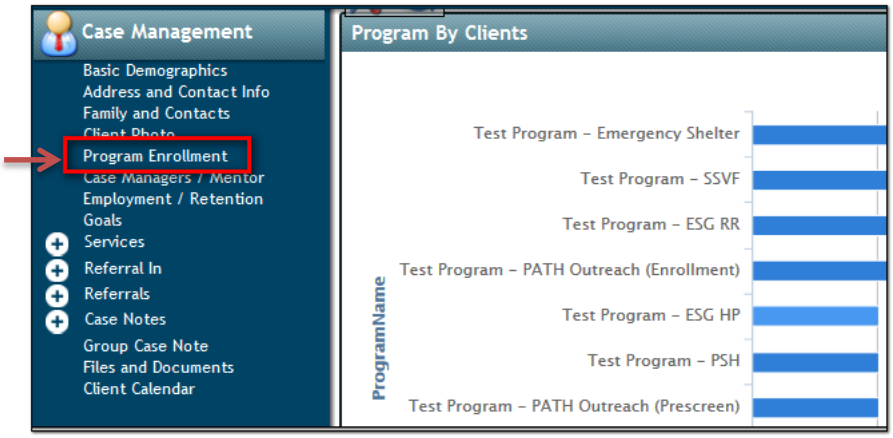
NOTE: If you are enrolling a family, at this point you will repeat the above workflow for each family member. If you refer to the **left side of the screen**, you will see where you are in the workflow process. The star icon indicates which form you are on and the person that has the star under their name is the person you are entering data for.

1. Click **Done** to proceed to the next page (located in the bottom right corner).
2. The **workflow is now complete** screen will appear. Click **Done**.

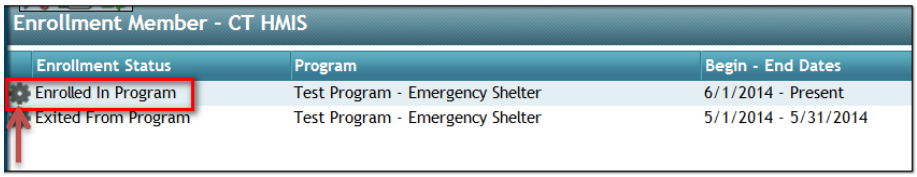

Program Assessment (Input) New - CT HMIS
Chron. Homeless and Dis. Cond (Input) CTHMIS
Financial SpreadSheet
Emergency Shelter (Input) - CTHMIS
Service Spreadsheet - CT HMIS
Shelter Checkin - CT HMIS
Program Assessment (Input) New - CT HMIS tmurray 1/10/2014
Chron. Homeless and Dis. Cond (Input) CTHMIS tmurray 1/10/2014
Financial SpreadSheet tmurray 1/10/2014
Emergency Shelter (Input) - CTHMIS tmurray 1/10/2014
Service Spreadsheet - CT HMIS tmurray 1/10/2014
Shelter Checkin - CT HMIS tmurray 1/10/2014
Done

HOW TO EXIT A CLIENT OR FAMILY FROM A PROGRAM

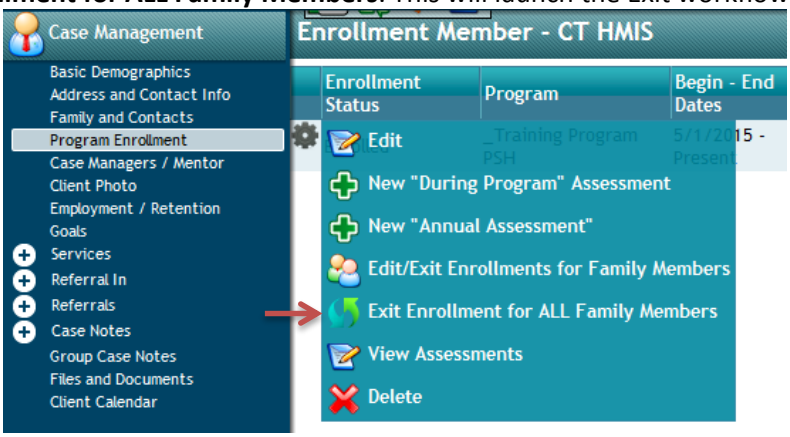
1. Under **Case Management** (left menu), click on **Program Enrollment**.



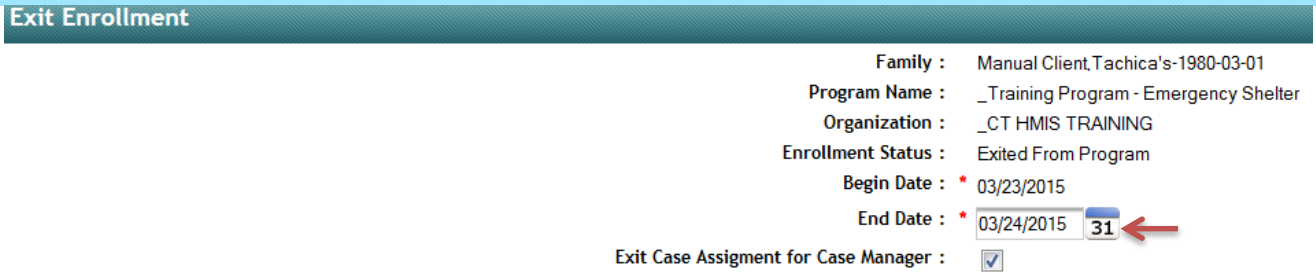
2. Click on the **gear** next to the Program Enrollment that has ended.



3. Click on **Exit Enrollment for ALL Family Members**. This will launch the Exit workflow.

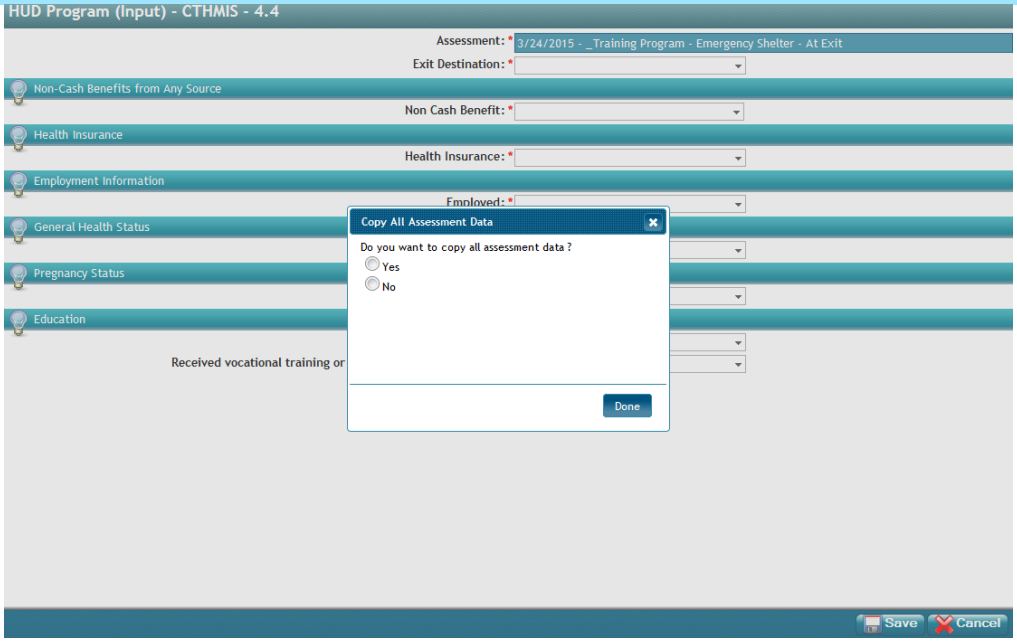


COMPLETING THE EXIT ENROLLMENT FOR ALL FAMILY MEMBERS FORM – AT EXIT


Exit Enrollment
Family : Manual Client,Tachica's-1980-03-01
Program Name : _Training Program - Emergency Shelter
Organization : _CT HMIS TRAINING
Enrollment Status : Exited From Program
Begin Date : * 03/23/2015
End Date : * 03/24/2015
31
Exit Case Assigment for Case Manager :

1. Enter the client/family's exit date in the **End Date** field.
2. Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE **HUD PROGRAM ASSESSMENT** FORM – AT EXIT (COPY FEATURE)

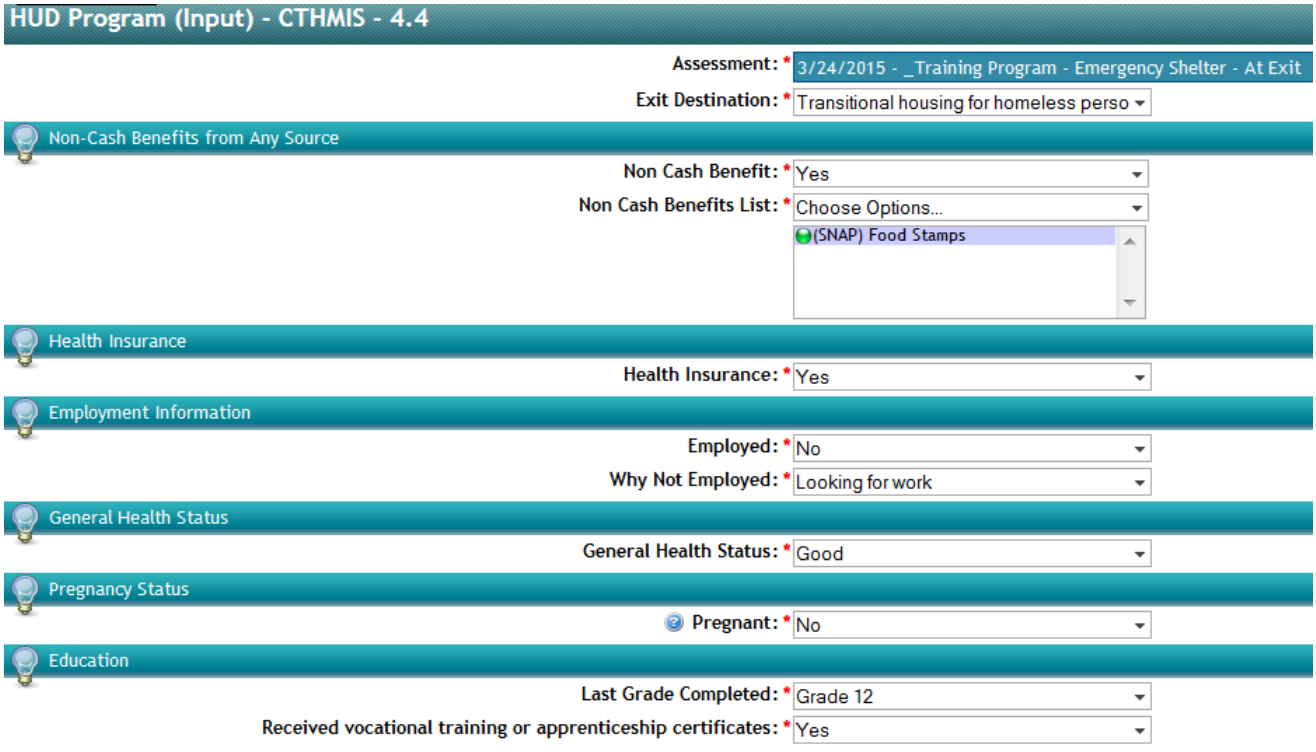


During the Exit Workflow you will get the option to **Copy All Assessment Data**. Follow the steps below if you want to copy an assessment using this feature.

1. Click **Yes**, then click **Done**.
2. Choose the assessment that you want to copy data from by click on the **radio button** next to it.
3. Then click **Copy**.
4. Once the Assessments copied successfully box pops up click **Ok**. The screen will refresh and show the copied data.

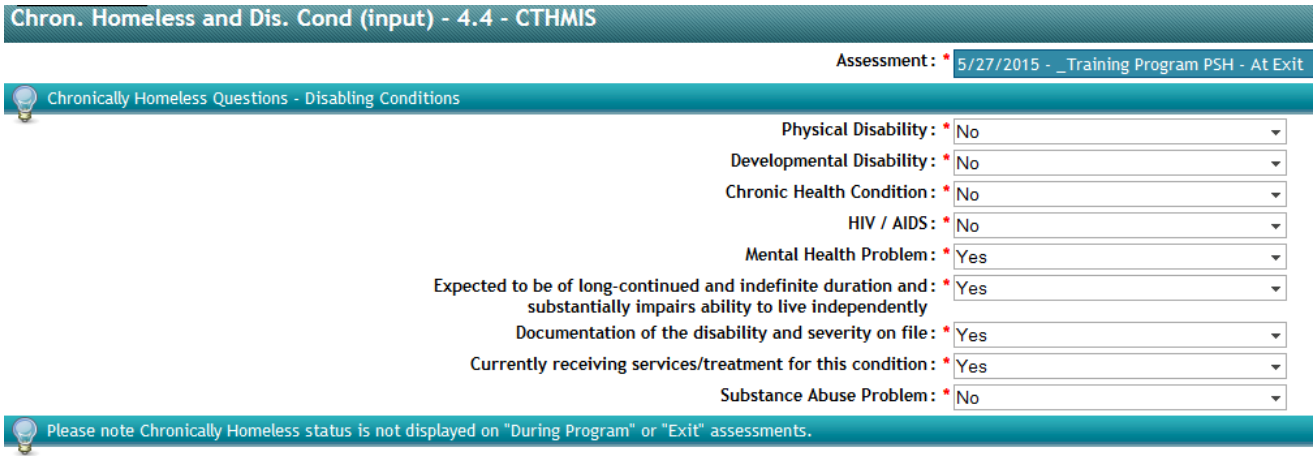
If you don't want to use the feature, simply click **No**, then click **Done**.

COMPLETING THE HUD **PROGRAM ASSESSMENT** FORM – AT EXIT


HUD Program (Input) - CTHMIS - 4.4
Assessment: * 3/24/2015 - _Training Program - Emergency Shelter - At Exit
Exit Destination: * Transitional housing for homeless perso
Non-Cash Benefits from Any Source
Non Cash Benefit: * Yes
Non Cash Benefits List: * Choose Options...
(SNAP) Food Stamps
Health Insurance
Health Insurance: * Yes
Employment Information
Employed: * No
Why Not Employed: * Looking for work
General Health Status
General Health Status: * Good
Pregnancy Status
Pregnant: * No
Education
Last Grade Completed: * Grade 12
Received vocational training or apprenticeship certificates: * Yes

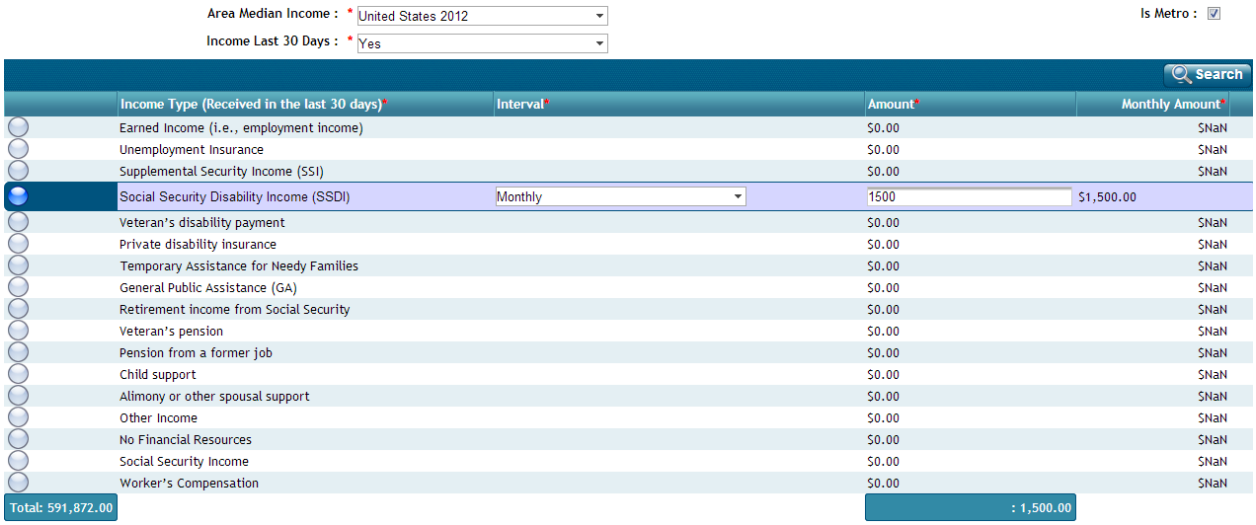
1. Enter the **Exit Destination.**
2. Answering YES to the **Non-Cash Benefits** questions will prompt the **Non Cash Benefits List** to appear.
3. Answering the **Employed** question will also prompt additional question(s) to appear.
4. Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE CHRON. HOMELESS & DISABLLING CONDTIONS ASSESSMENT – AT EXIT


Chron. Homeless and Dis. Cond (input) - 4.4 - CTHMIS
Assessment : * 5/27/2015 - _Training Program PSH - At Exit
Chronically Homeless Questions - Disabling Conditions
Physical Disability : * No
Developmental Disability : * No
Chronic Health Condition : * No
HIV / AIDS : * No
Mental Health Problem : * Yes
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently : * Yes
Documentation of the disability and severity on file : * Yes
Currently receiving services/treatment for this condition : * Yes
Substance Abuse Problem : * No
Please note Chronically Homeless status is not displayed on "During Program" or "Exit" assessments.

1. Answering YES to any of the **Disabling Conditions** questions will prompt additional questions to appear.
2. Click **Save** to proceed to the next page (located in the bottom right corner).

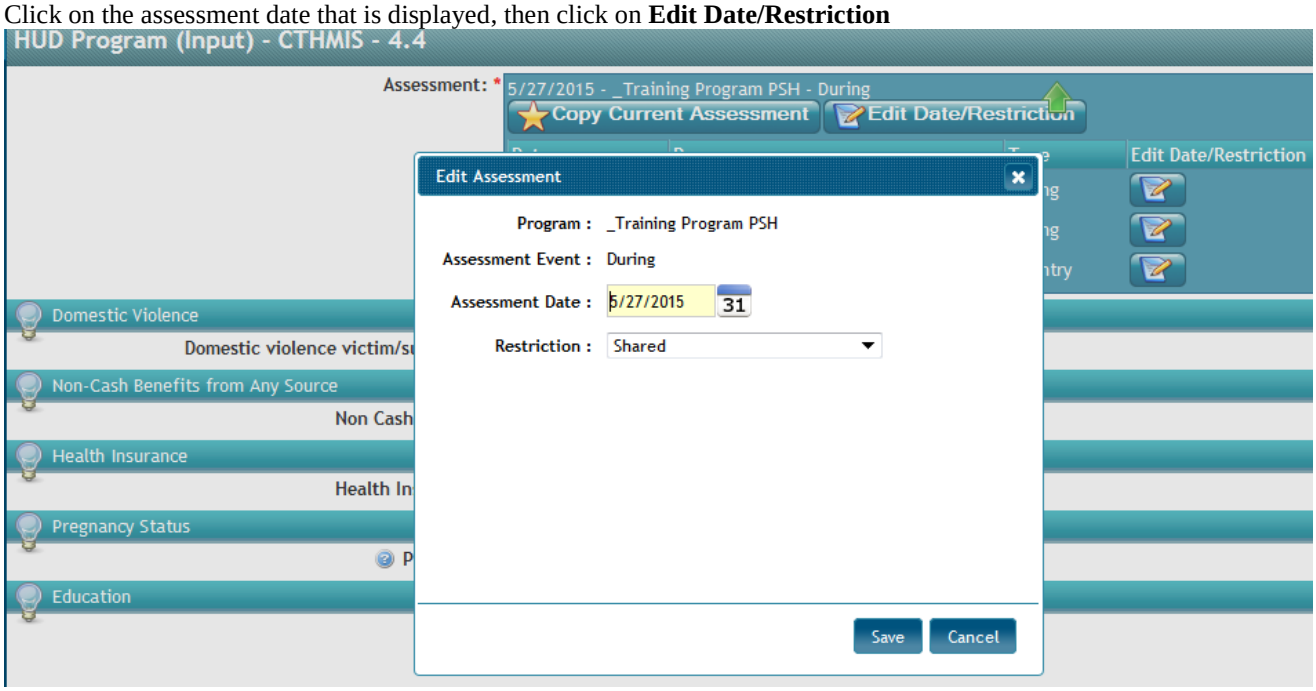
COMPLETING THE **FINANCIAL ASSESSMENT** – AT EXIT


Area Median Income : * United States 2012
Is Metro :
Income Last 30 Days : * Yes
Search
Income Type (Received in the last 30 days)* | Interval* | Amount* | Monthly Amount*
Earned Income (i.e., employment income) | $0.00 | $NaN
Unemployment Insurance | $0.00 | $NaN
Supplemental Security Income (SSI) | $0.00 | $NaN
Social Security Disability Income (SSDI) | Monthly | 1500 | $1,500.00
Veteran's disability payment | $0.00 | $NaN
Private disability insurance | $0.00 | $NaN
Temporary Assistance for Needy Families | $0.00 | $NaN
General Public Assistance (GA) | $0.00 | $NaN
Retirement income from Social Security | $0.00 | $NaN
Veteran's pension | $0.00 | $NaN
Pension from a former job | $0.00 | $NaN
Child support | $0.00 | $NaN
Alimony or other spousal support | $0.00 | $NaN
Other Income | $0.00 | $NaN
No Financial Resources | $0.00 | $NaN
Social Security Income | $0.00 | $NaN
Worker's Compensation | $0.00 | $NaN
Total: 591,872.00
: 1,500.00

1. Enter the client's Income Information **at the time of their exit**.
   - If they have no income, Choose **No** for the Income Last 30 days question and click the **Save No Income button.**
2. Click **Save** to proceed to the next page (located in the bottom right corner).
3. The **workflow is now complete screen** will appear. Click **Done**.

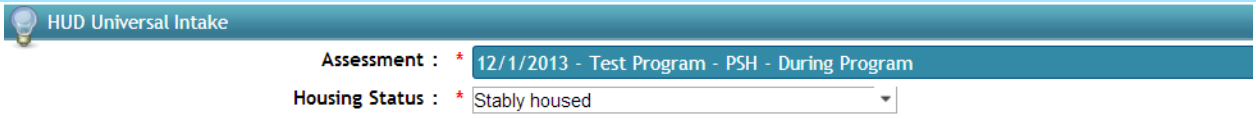
COMPLETING THE NEW DURING PROGRAM WORKFLOW

1. Click on the **gear** next to the Program Enrollment that needs to be updated.
2. Click on **New "During Program" Assessment**.
3. Click on the assessment date that is displayed, then click on **Edit Date/Restriction**



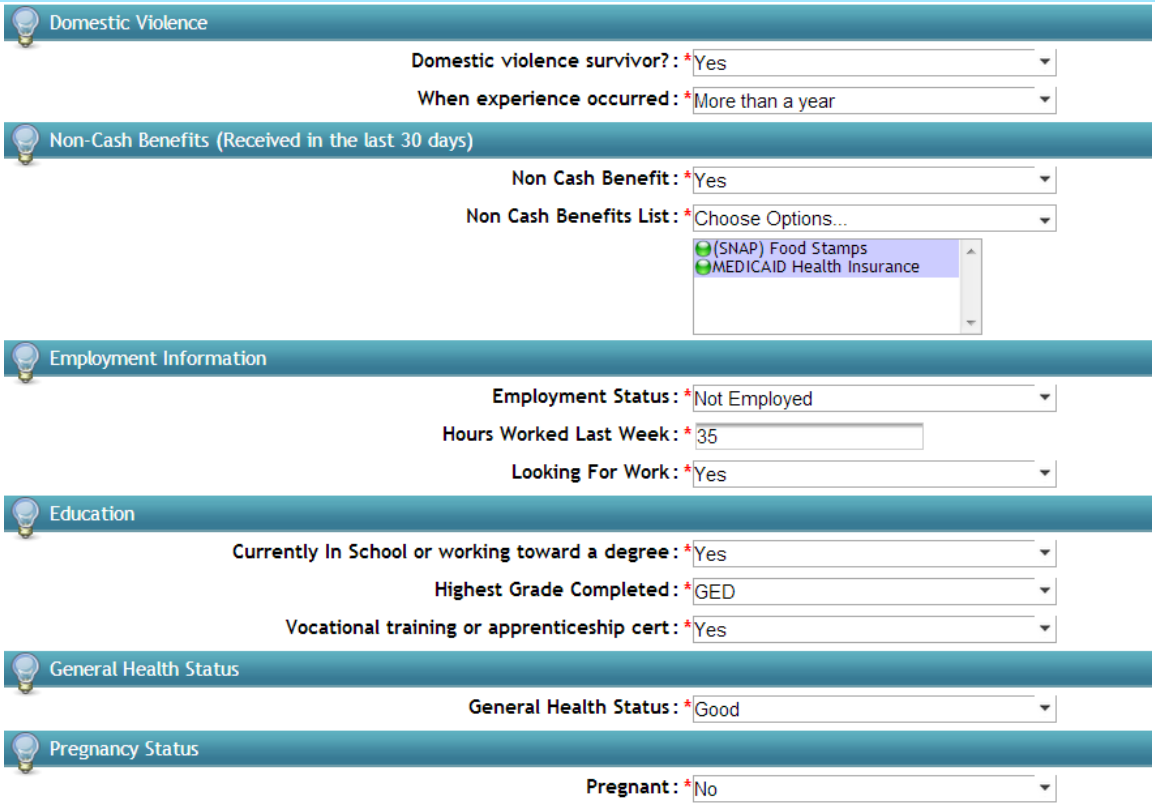
4. Change the date to the date of the assessment you are entering and click **Save.**
5. Answer all required questions in the "New during Program Workflow". Some assessments will not be displayed because they are only required at Entry or at Exit.

COMPLETING THE HUD UNIVERSAL DATA ASSESSMENT – DURING PROGRAM



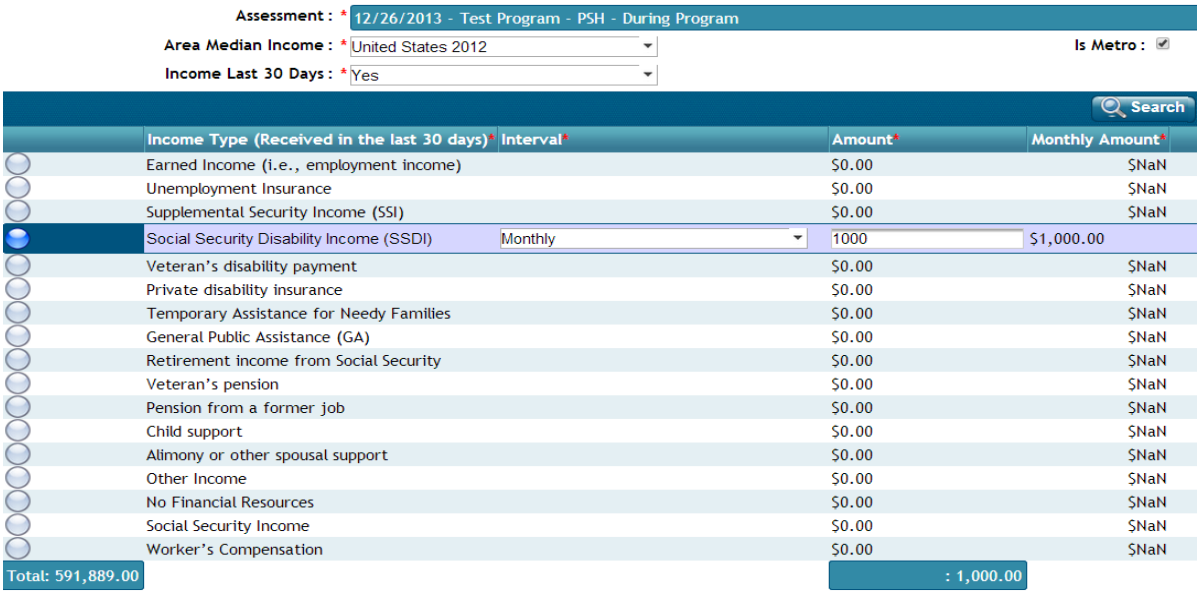
1. Enter the client/family's current **Housing Status**.
2. Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE PROGRAM ASSESSMENT – DURING PROGRAM


Domestic Violence
Domestic violence survivor? : *Yes
When experience occurred : *More than a year
Non-Cash Benefits (Received in the last 30 days)
Non Cash Benefit : *Yes
Non Cash Benefits List : *Choose Options...
(SNAP) Food Stamps
MEDICAID Health Insurance
Employment Information
Employment Status : *Not Employed
Hours Worked Last Week : *35
Looking For Work : *Yes
Education
Currently In School or working toward a degree : *Yes
Highest Grade Completed : *GED
Vocational training or apprenticeship cert : *Yes
General Health Status
General Health Status : *Good
Pregnancy Status
Pregnant : *No

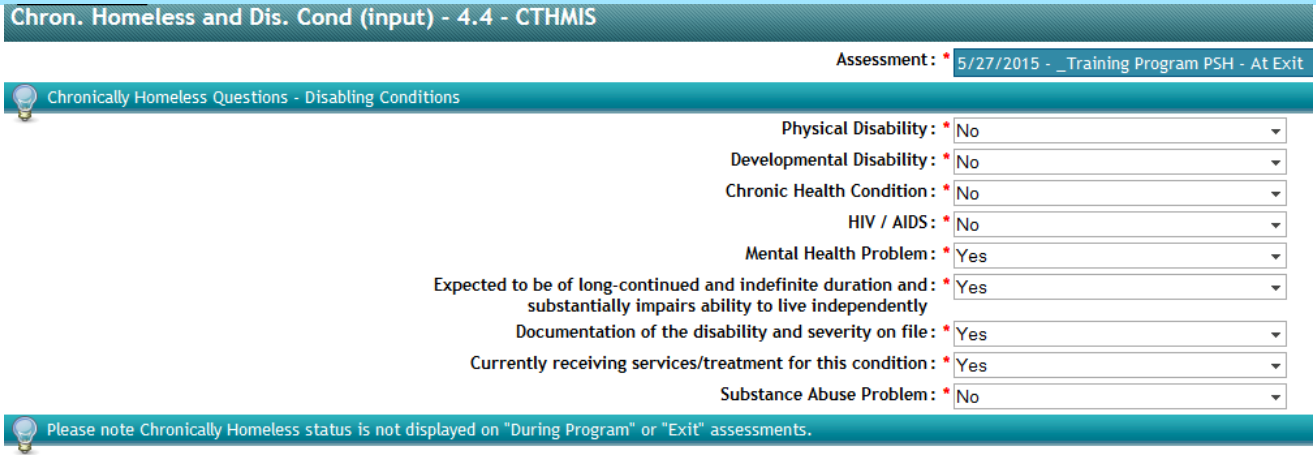
1. Update the client/family's Program Assessment.
2. Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE INCOME SPREADSHEET – DURING PROGRAM


Assessment : * 12/26/2013 - Test Program - PSH - During Program
Area Median Income : * United States 2012
Is Metro :
Income Last 30 Days : * Yes
Search
Income Type (Received in the last 30 days)* Interval* Amount* Monthly Amount*
Earned Income (i.e., employment income) $0.00 $NaN
Unemployment Insurance $0.00 $NaN
Supplemental Security Income (SSI) $0.00 $NaN
Social Security Disability Income (SSDI) Monthly 1000 $1,000.00
Veteran's disability payment $0.00 $NaN
Private disability insurance $0.00 $NaN
Temporary Assistance for Needy Families $0.00 $NaN
General Public Assistance (GA) $0.00 $NaN
Retirement income from Social Security $0.00 $NaN
Veteran's pension $0.00 $NaN
Pension from a former job $0.00 $NaN
Child support $0.00 $NaN
Alimony or other spousal support $0.00 $NaN
Other Income $0.00 $NaN
No Financial Resources $0.00 $NaN
Social Security Income $0.00 $NaN
Worker's Compensation $0.00 $NaN
Total: 591,889.00
: 1,000.00

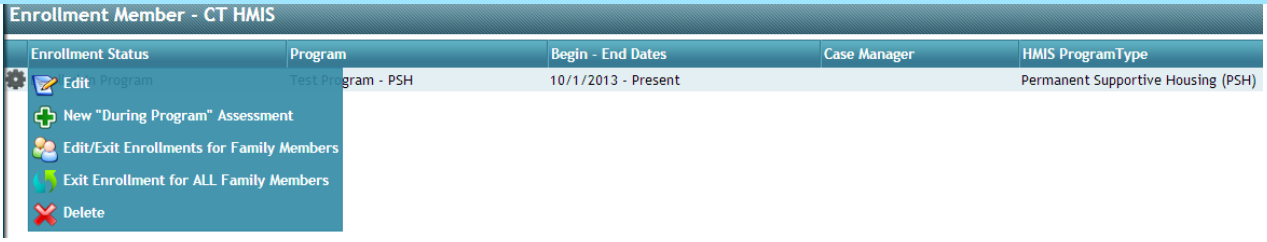
1. Enter the client's Income Information **at the time of the update**.
   - If they have no income, Choose **No** for the Income Last 30 days question and click the **Save No Income button.**
2. Click **Save** to proceed to the next page (located in the bottom right corner).
3. The **workflow is now complete screen** will appear. Click **Done**.

COMPLETING THE CHRONICALLY HOMELESS & DISABLING CONDITIONS ASSESSMENT – DURING PROGRAM


Chron. Homeless and Dis. Cond (input) - 4.4 - CTHMIS
Assessment: * 5/27/2015 - _Training Program PSH - At Exit
Chronically Homeless Questions - Disabling Conditions
Physical Disability: * No
Developmental Disability: * No
Chronic Health Condition: * No
HIV / AIDS: * No
Mental Health Problem: * Yes
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: * Yes
Documentation of the disability and severity on file: * Yes
Currently receiving services/treatment for this condition: * Yes
Substance Abuse Problem: * No
Please note Chronically Homeless status is not displayed on "During Program" or "Exit" assessments.

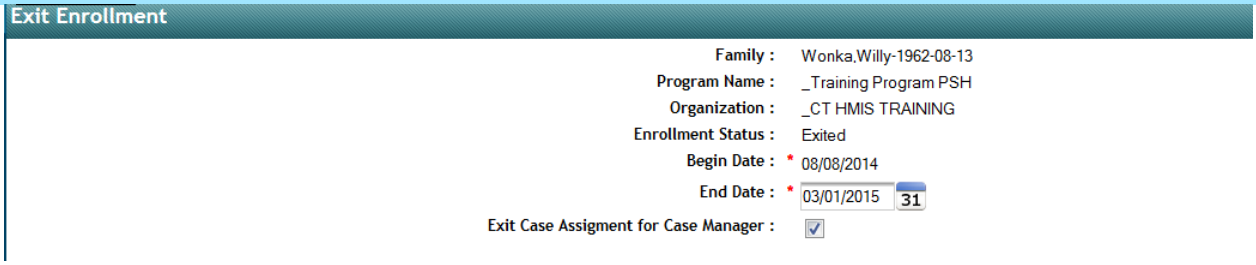
1. Update the client/family's Program Assessment.
2. Click **Save** to proceed to the next page (located in the bottom right corner).
3. The workflow is now complete screen will appear. Click **Done**.

HOW TO EXIT A CLIENT OR FAMILY FROM A PROGRAM



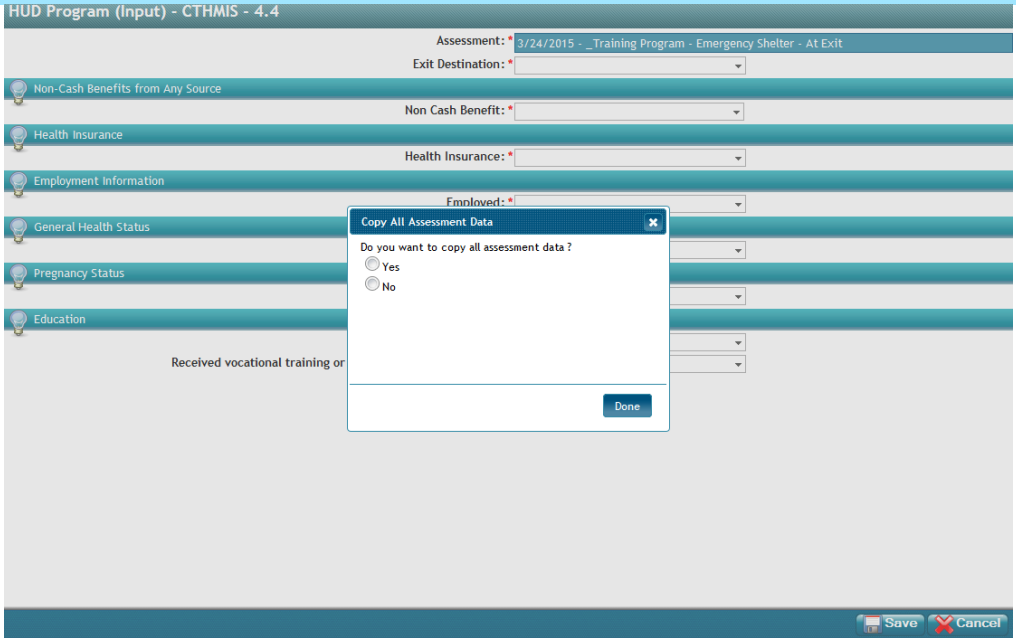
1. Under **Case Management** (left menu), Click on **Program Enrollment.**
2. Click on the **gear** next to the Program Enrollment that has ended.
3. Click on **Exit Enrollment for ALL Family Members** (if applicable).
4. If only **one or some members** of the family are leaving, refer to the [11.2. Exiting a family member (when the HoH and other members stay)] page in the **HMIS FAQ Knowledge Book**.
5. Update the client/family's Assessment.
6. Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE EXIT ENROLLMENT FOR ALL FAMILY MEMBERS – AT EXIT


Exit Enrollment
Family : Wonka,Willy-1962-08-13
Program Name : _Training Program PSH
Organization : _CT HMIS TRAINING
Enrollment Status : Exited
Begin Date : * 08/08/2014
End Date : * 03/01/2015
Exit Case Assigment for Case Manager :

1. Enter the client or family's Exit date in the **End Date** field.
2. Click **Save** to proceed to the next page (located in the bottom right corner).
3. Click the box for **Exit Case Assignment for Case Manager** if you assigned a Case Manager to the client/family.

COMPLETING THE PROGRAM ASSESSMENT – AT EXIT

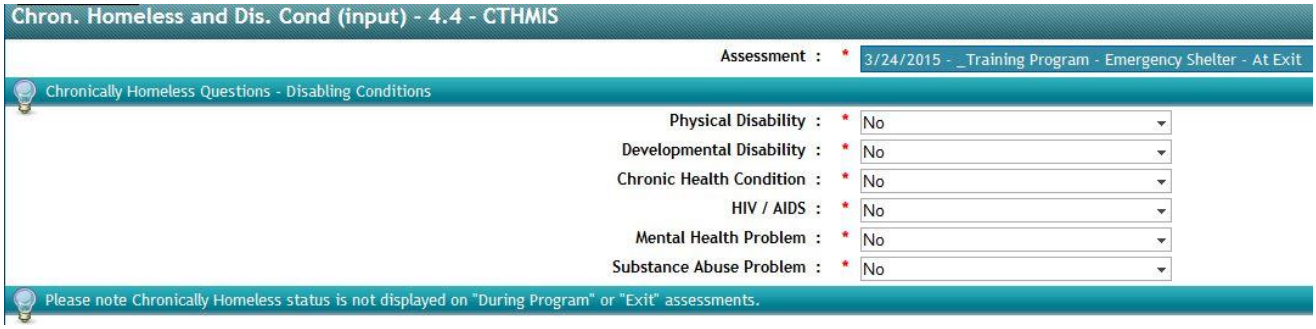


During the Exit Workflow you will get the option to **Copy All Assessment Data**. Follow the steps below if you want to copy an assessment using this feature.

1. Click **Yes**, then click **Done**.
2. Choose the assessment that you want to copy data from by click on the **radio button** next to it.
3. Then click **Copy**.
4. Once the Assessments copied successfully box pops up click **Ok**. The screen will refresh and show the copied data.

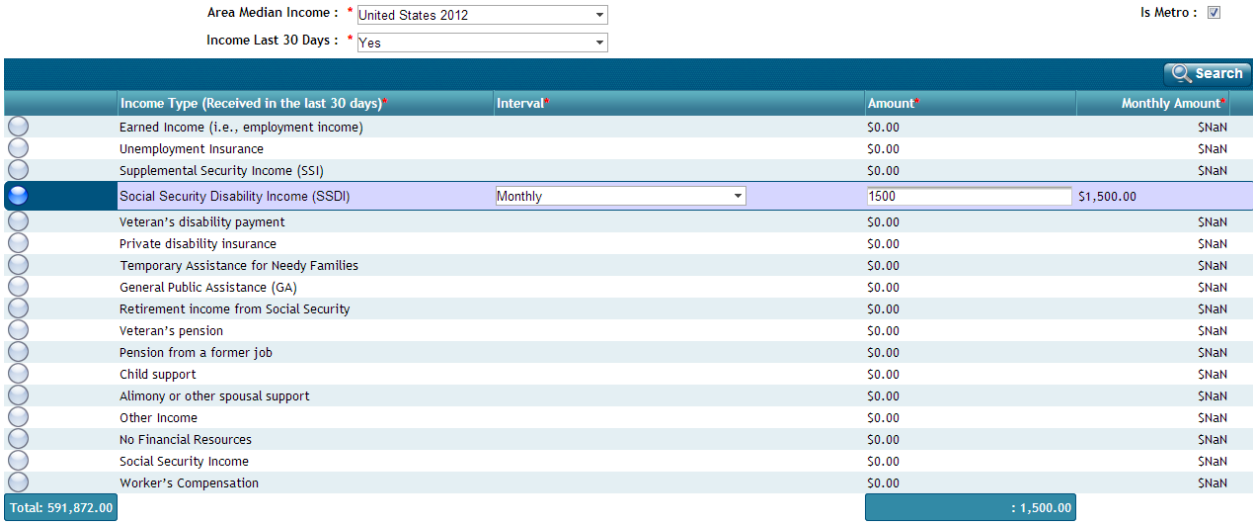
- ***If you don't want to use the feature, simply click No, then click Done and follow the steps below.***
- Enter the **Exit Destination**
- Answering Yes to the **Domestic Violence, and Non-Cash Benefits** questions will prompt additional questions/choices to appear.
- Answering the **Employed** question will also prompt additional questions to appear.
- Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE CHRON. HOMELESS AND DIS. COND ASSESSMENT – AT EXIT


Chron. Homeless and Dis. Cond (input) - 4.4 - CTHMIS
Assessment : * 3/24/2015 - _Training Program - Emergency Shelter - At Exit
Chronically Homeless Questions - Disabling Conditions
Physical Disability : * No
Developmental Disability : * No
Chronic Health Condition : * No
HIV / AIDS : * No
Mental Health Problem : * No
Substance Abuse Problem : * No
Please note Chronically Homeless status is not displayed on "During Program" or "Exit" assessments.

1. Answering YES to any of the **Disabling Conditions** questions will prompt additional questions to appear.
2. Click **Save** to proceed to the next page (located in the bottom right corner).

COMPLETING THE **FINANCIAL ASSESSMENT** – AT EXIT


Area Median Income : * United States 2012
Is Metro :
Income Last 30 Days : * Yes
Search
Income Type (Received in the last 30 days)* | Interval* | Amount* | Monthly Amount*
Earned Income (i.e., employment income) | $0.00 | $NaN
Unemployment Insurance | $0.00 | $NaN
Supplemental Security Income (SSI) | $0.00 | $NaN
Social Security Disability Income (SSDI) | Monthly | 1500 | $1,500.00
Veteran's disability payment | $0.00 | $NaN
Private disability insurance | $0.00 | $NaN
Temporary Assistance for Needy Families | $0.00 | $NaN
General Public Assistance (GA) | $0.00 | $NaN
Retirement income from Social Security | $0.00 | $NaN
Veteran's pension | $0.00 | $NaN
Pension from a former job | $0.00 | $NaN
Child support | $0.00 | $NaN
Alimony or other spousal support | $0.00 | $NaN
Other Income | $0.00 | $NaN
No Financial Resources | $0.00 | $NaN
Social Security Income | $0.00 | $NaN
Worker's Compensation | $0.00 | $NaN
Total: 591,872.00
: 1,500.00

1. Enter the client's Income Information **<u>at the time of their exit</u>**.
   - If they have no income, Choose **No** for the Income Last 30 days question and click the **Save No Income button.**
2. Click **Save** to proceed to the next page (located in the bottom right corner).
3. The **workflow is now complete screen** will appear. Click **Done** (located in the bottom right corner).